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408 7590 10/27/2011
LUEDEKA, NEELY & GRAHAM, P.C.
P O BOX 1871
KNOXVILLE, TN 37901

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Robert O. Fox, Reg. No. 34165	(Depositor's name)
<u>FO. L</u>	(Signature)
<u>1-5-2012</u>	(Date)

APPLICATION NO.	FILINO DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/596,427	06/15/2007	Daniel Mark Wallaker	61771.US	6468

TITLE OF INVENTION: DUMMY MEDICAL INSTRUMENT FOR USE IN A SIMULATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1740	\$300	\$0	\$2040	01/27/2012
EXAMINER		ART UNIT	CLASS-SUBCLASS			
GISHNOCK, NIKOLAI A		3715	434-262000			

- Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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- For printing on the patent front page, list
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1. Luedeka, Neely & Graham, PC

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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KEYMED (MEDICAL & INDUSTRIAL EQUIPMENT) LIMITED

KEYMED HOUSE, STOCK ROAD, SOUTHBEND-ON-SEA, ESSEX, United Kingdom SS2 5QH

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

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Typed or printed name

Robert O. Fox

Registration No.

34165

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